Public Health England

What do the national data releases tell us about patients with, and services for, colorectal tumours?

Colorectal cancer in Yorkshire and the Humber

Introduction

CANCER RESEARCH UK

41,581
New cases of bowel cancer, 2011, UK

16,187
Deaths from bowel cancer, 2012, UK

57%
Survive bowel cancer for 10 or more years, 2010-11, England and Wales

54%
Preventable cases of bowel cancer, UK

NHS choices Your health, your choices

- Bowel cancer is one of the most common types of cancer diagnosed in the UK, with around 40,000 new cases diagnosed every year.
- About one in every 20 people in the UK will develop bowel cancer during their lifetime."

Incidence of colorectal cancer has increased significantly over the last 10 years, however, the mortality rate has decreased significantly over the same time period

Age-standardised incidence and mortality rates, colorectal cancer , England 2001/03 - 2011/2013
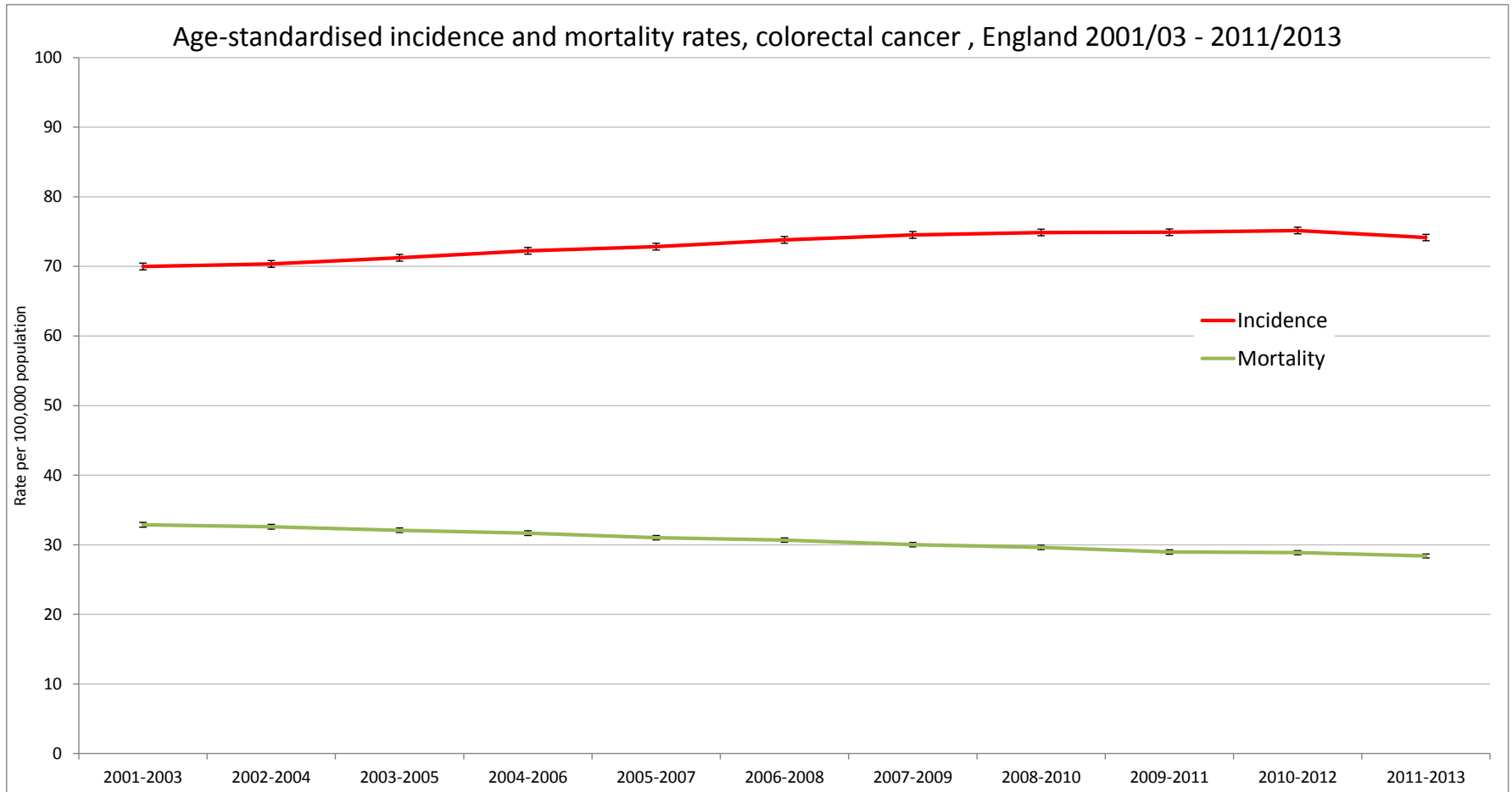
# Colorectal cancer incidence rates have been shown to vary by ethnicity (2002-2006)

Estimated age-standardised incidence rates for colorectal cancer (with 95% confidence intervals) by major ethnic group, showing minimum and maximum estimates

Legend:
- ■ Minimum estimate All ages
- ■ Maximum estimate All ages

Y-axis: Age-standardised rate (0 to 60)

X-axis categories: White, Asian, Black, Chinese, Mixed
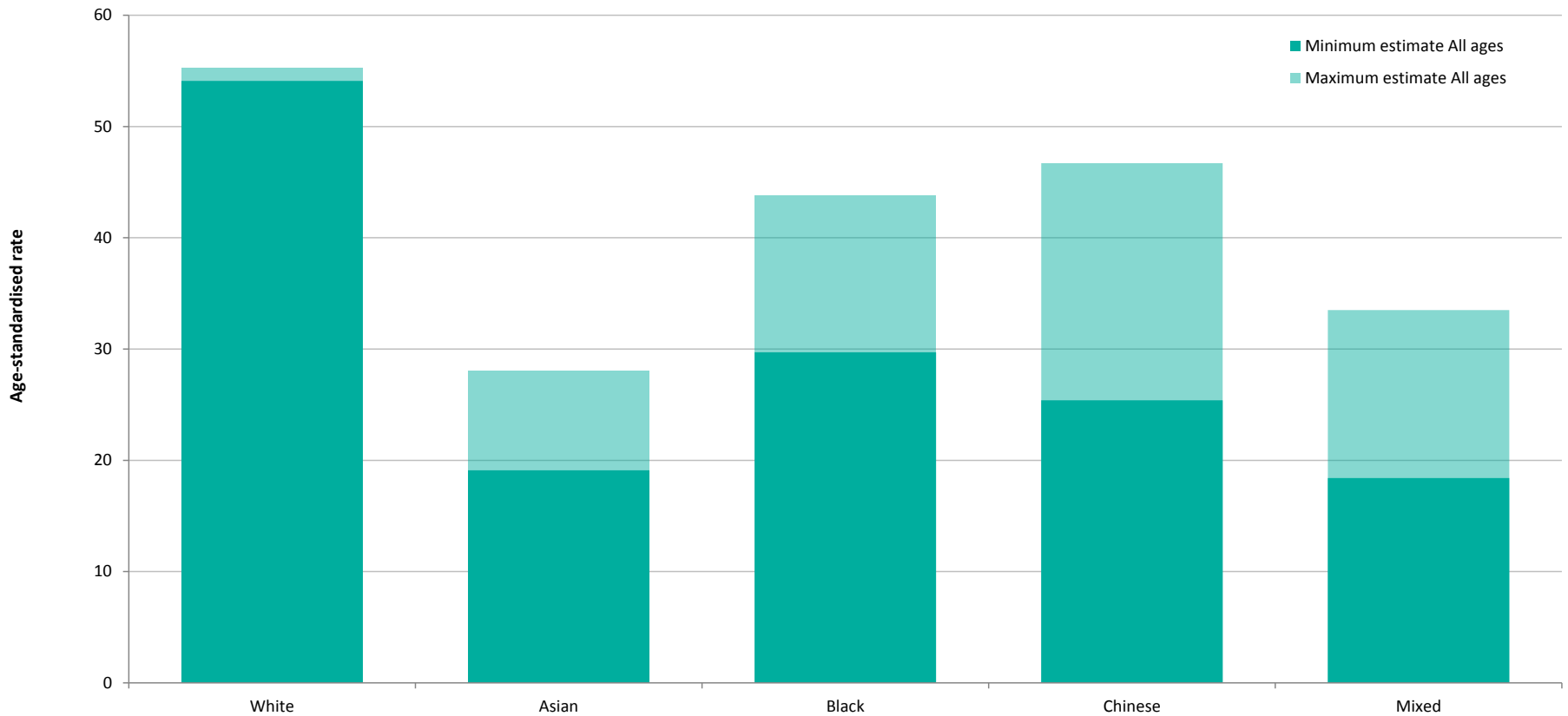
Colorectal cancer incidence is significantly higher in the most deprived quintile for men but not women

Incidence for colorectal cancer (C18-C20) by deprivation quintile and sex; England, 2006-2010

■ Colorectal incidence males
■ Colorectal incidence females
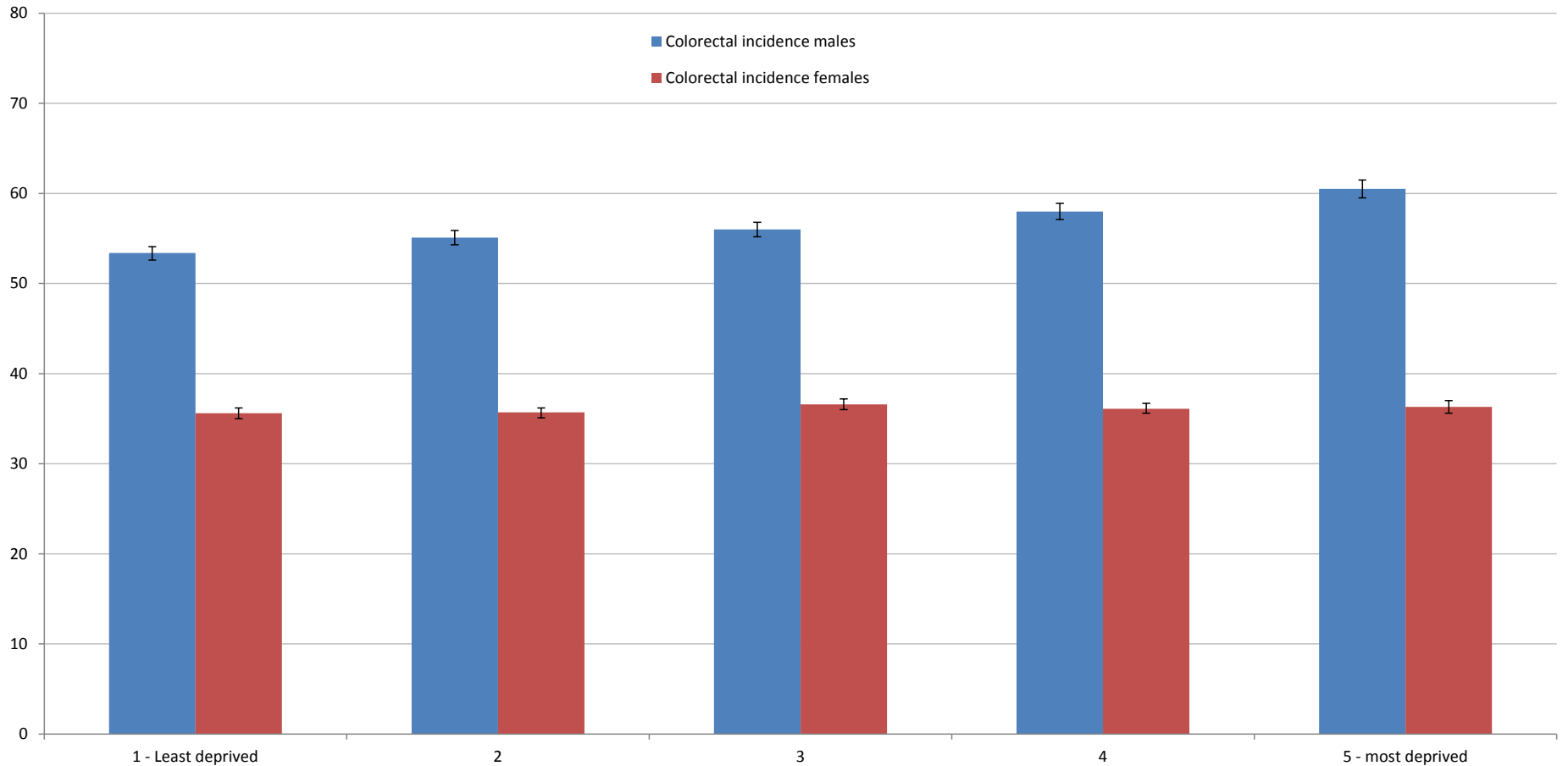
However, mortality is significantly higher in the most deprived quintile for both males and females

Mortality from colorectal cancer (C18-C20) by deprivation quintile and sex; England, 2007-2011
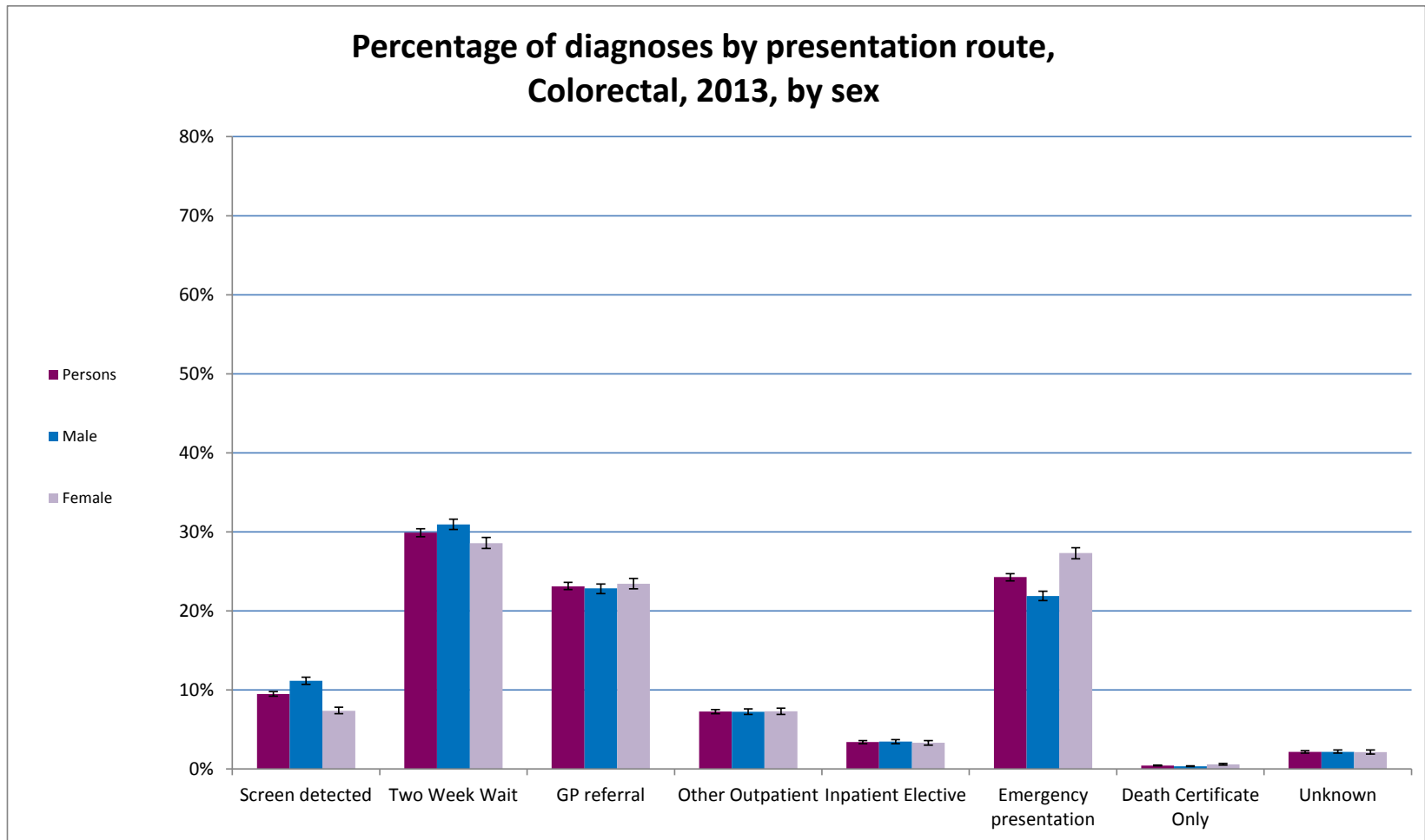
Legend:
- Colorectal mortality males
- Colorectal mortality females
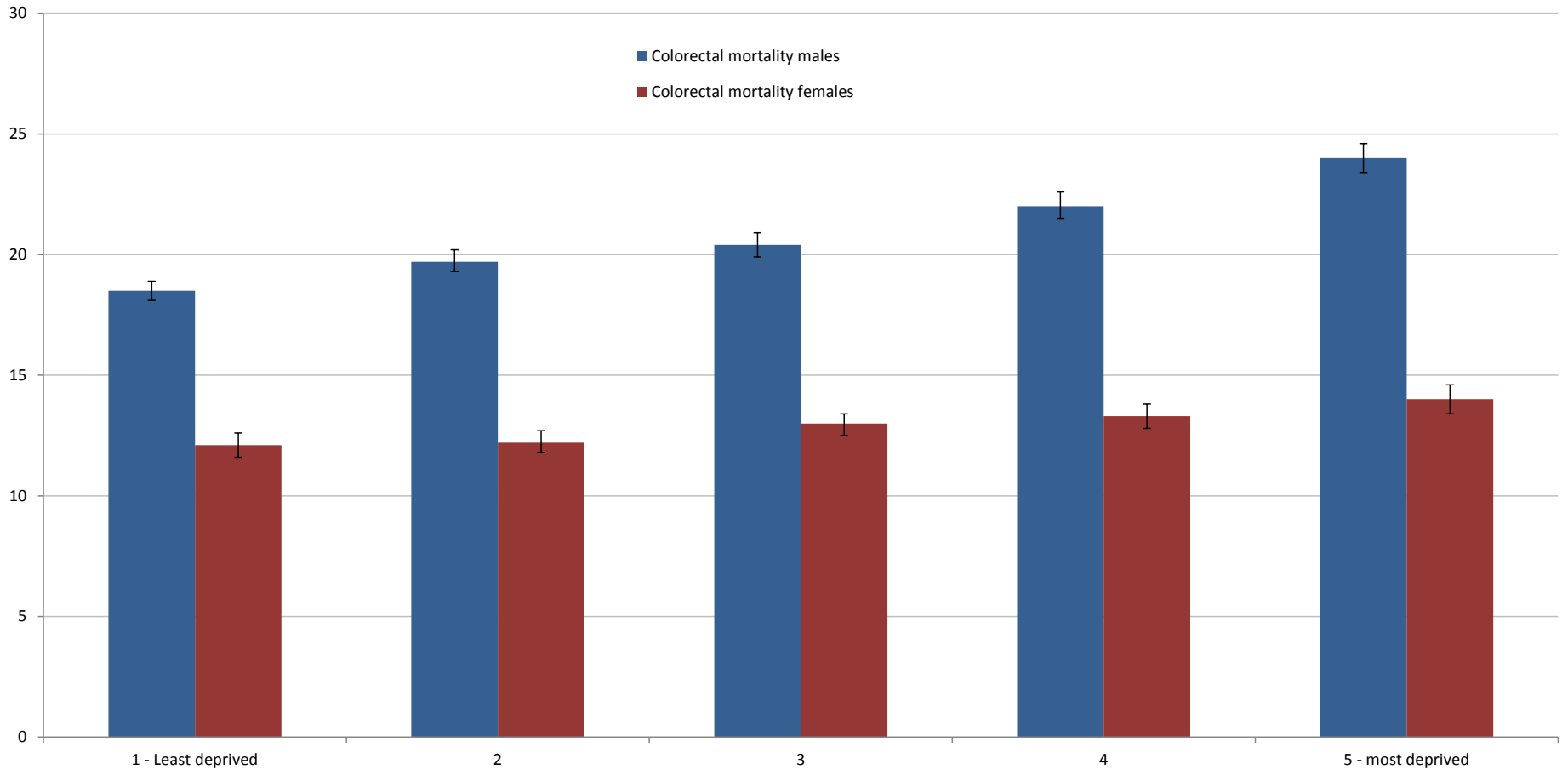
1-year survival from colorectal cancer has improved significantly between 2003-07 and 2008-12 for males and females.

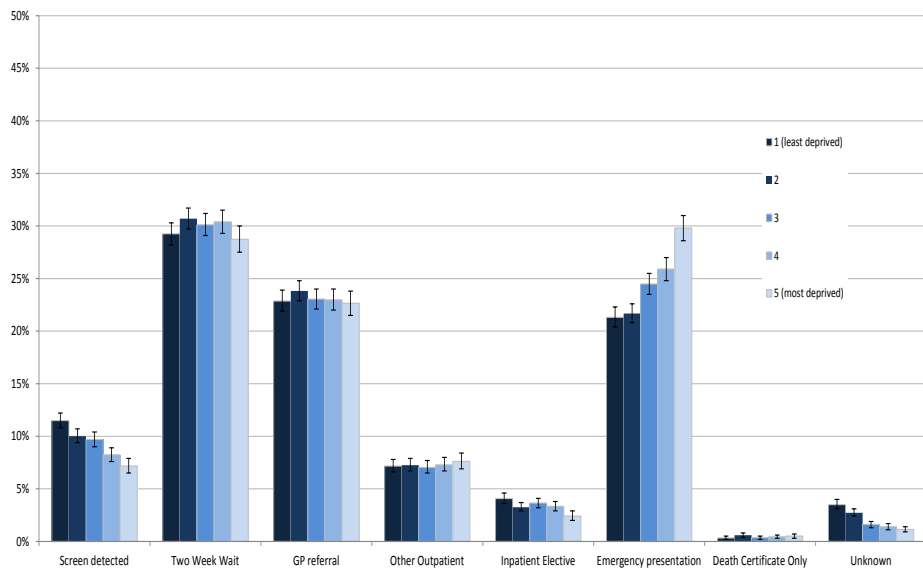**1-year relative survival (%), colorectal cancer, England, 2003-07 - 2008-12**
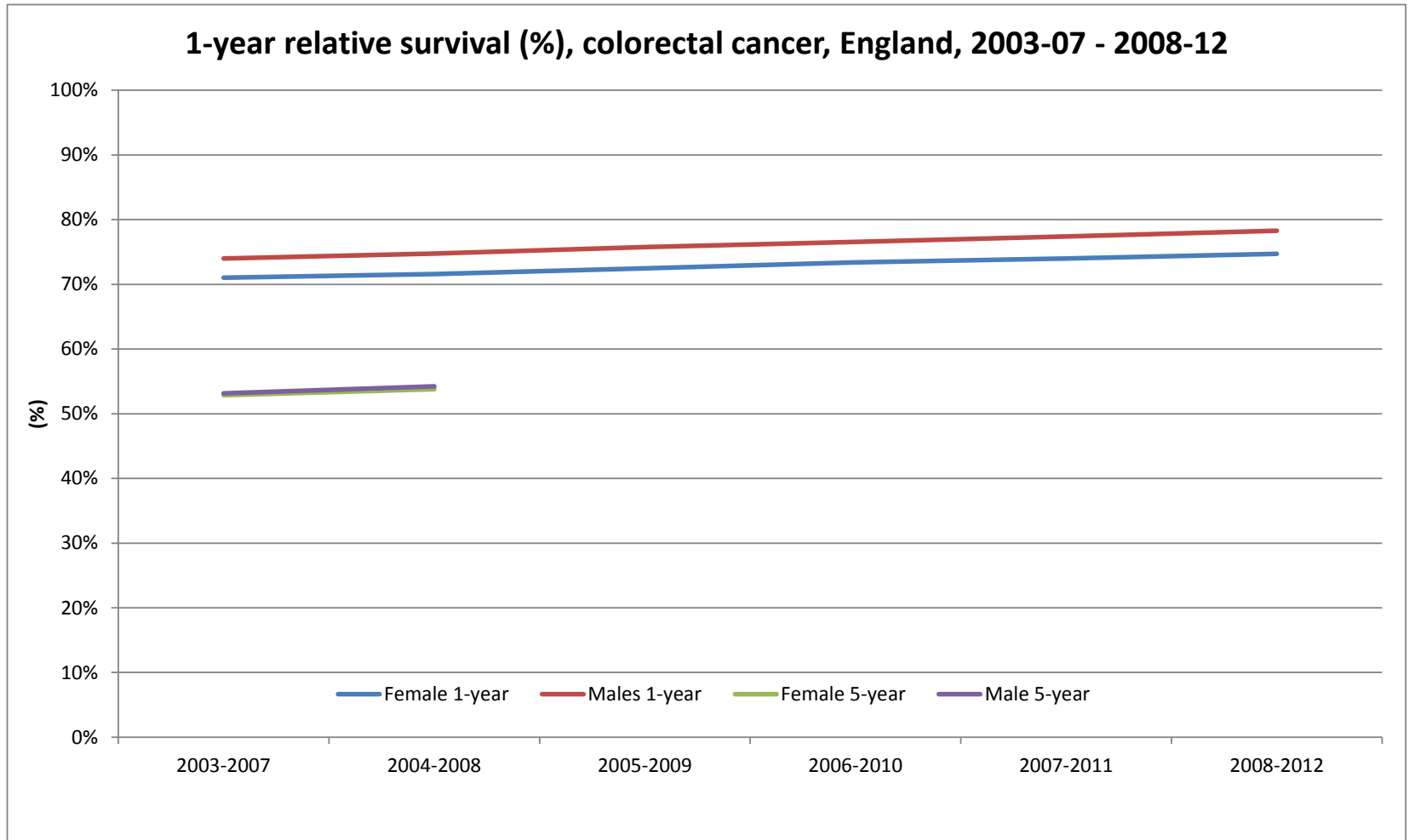
Source: NCRAS cancerstats

The majority of colorectal diagnoses (30%) are via the 2 week wait route, however, almost a quarter are via the emergency route – this is higher for women
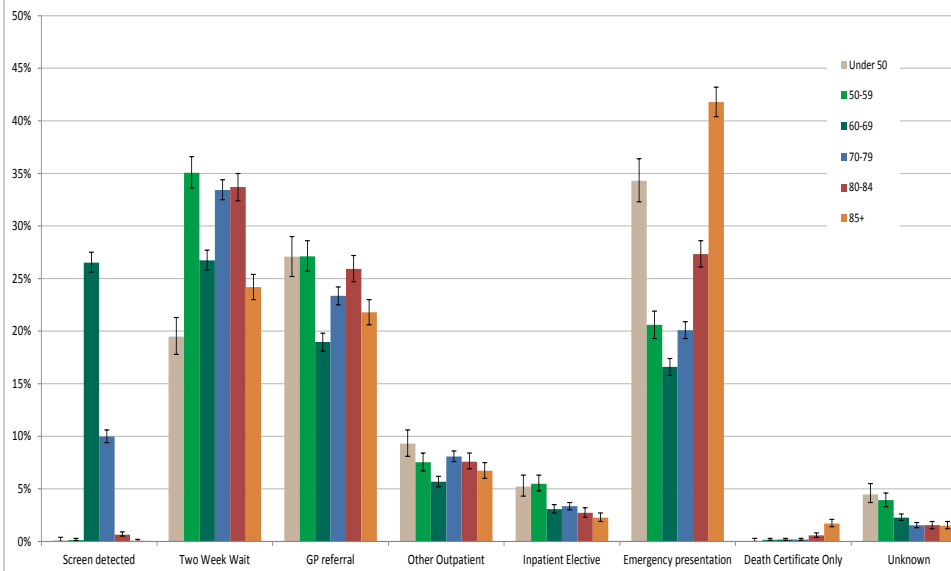

Percentage of diagnoses by presentation route, Colorectal, 2013, by sex

Legend: Persons, Male, Female

colorectal cancer in Yorkshire and the Humber

People in the most deprived groups, and the youngest and oldest patients are most likely to be emergency presentations

**Percentage of diagnoses by presentation route, Colorectal, 2013, by deprivation quintile**

Legend: 1 (least deprived), 2, 3, 4, 5 (most deprived)

Percentage of diagnoses by presentation route, Colorectal, 2013, by age

Legend: Under 50, 50-59, 60-69, 70-79, 80-84, 85+

However, the proportion of emergency presentations has decreased between 2006 and 2013 and the proportion via two week wait has increased

Percentage of diagnoses by presentation route, Colorectal, by year
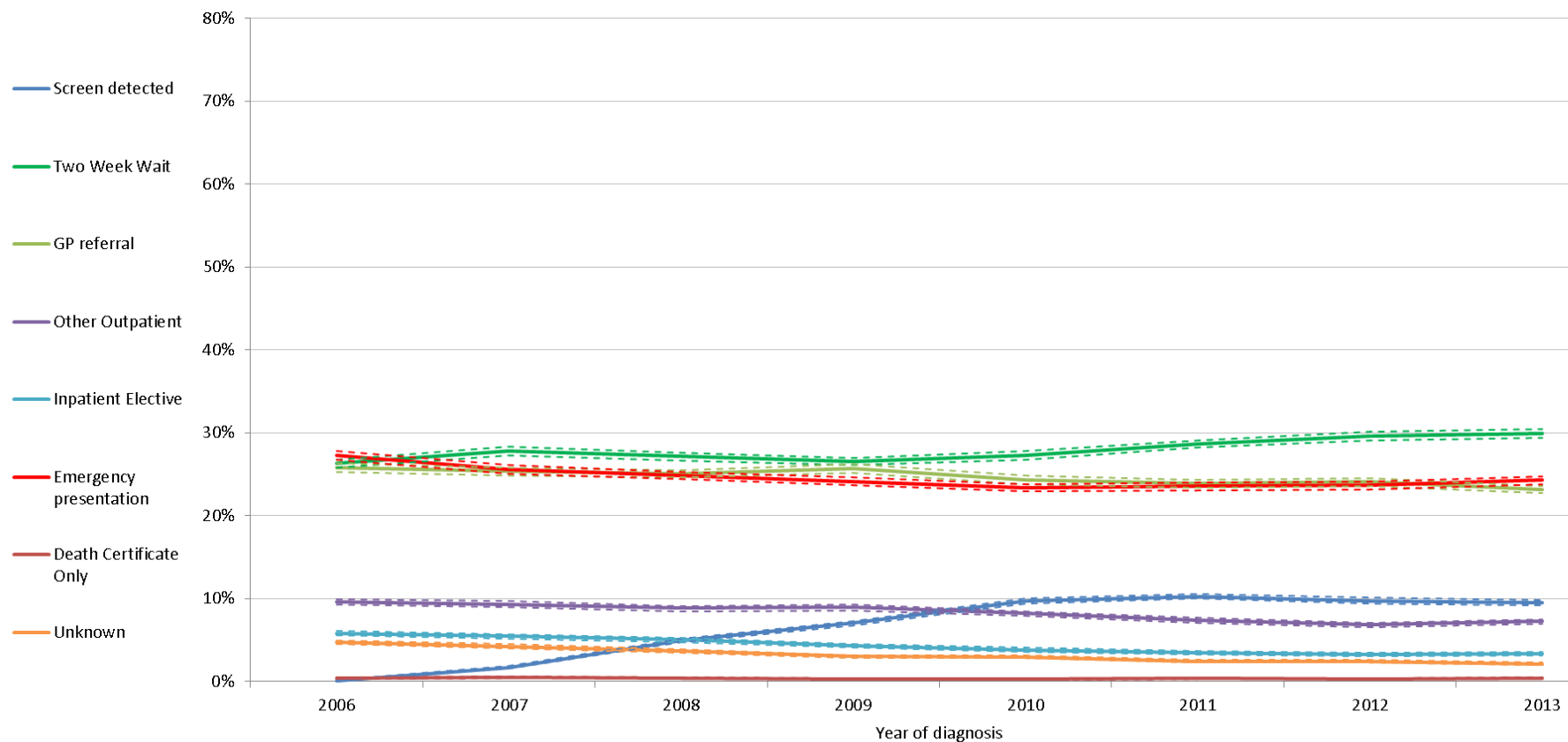
Survival estimates for emergency presentations are significantly poorer than other routes. Screening presentations have significantly better survival

Relative survival estimates by presentation route and survival time, Colorectal, 2006-2013
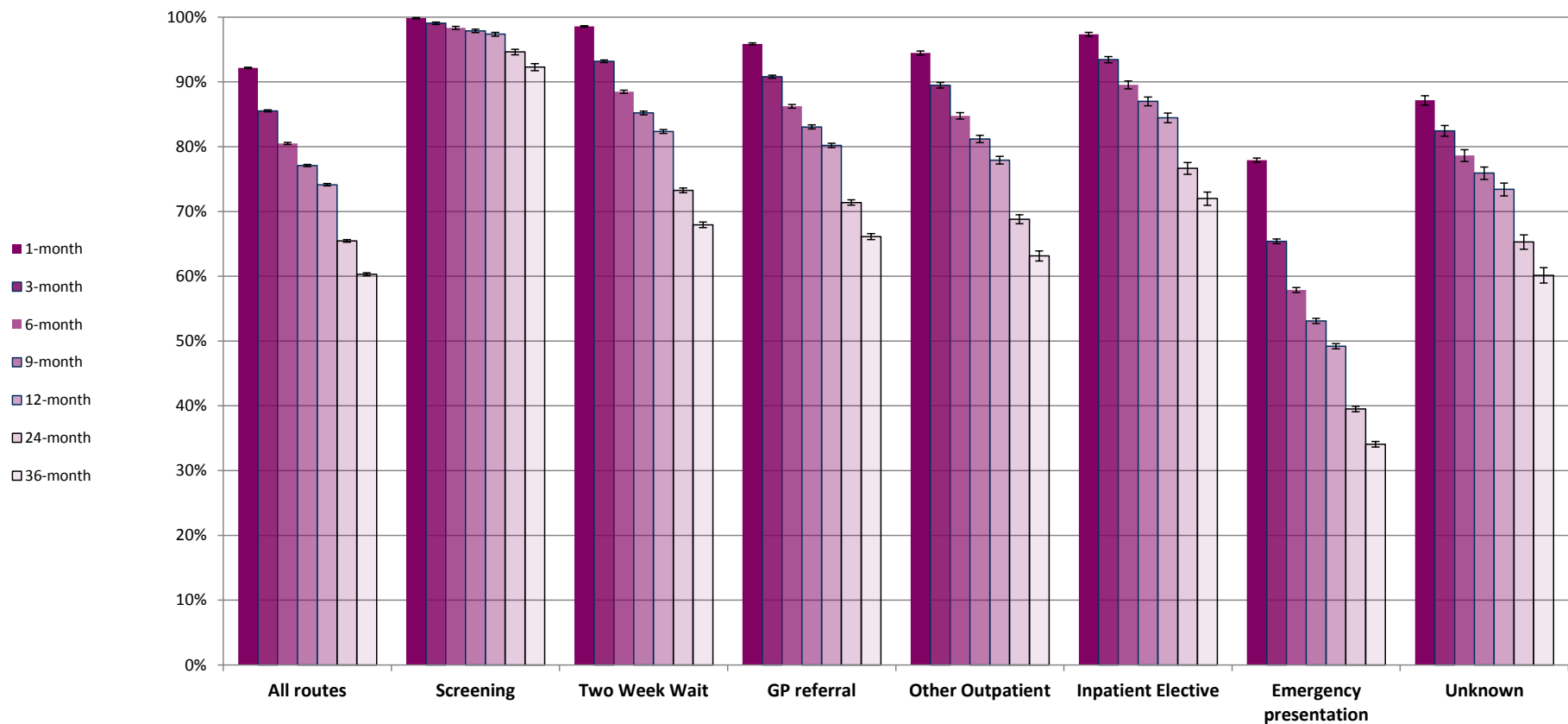
Poor survival for emergency presentations may be associated with late stage – survival for stage 4 tumours has been found to be half that of stage 1

12-month relative survival estimates by TNM stage at diagnsosis, Colorectal, 2012, by sex
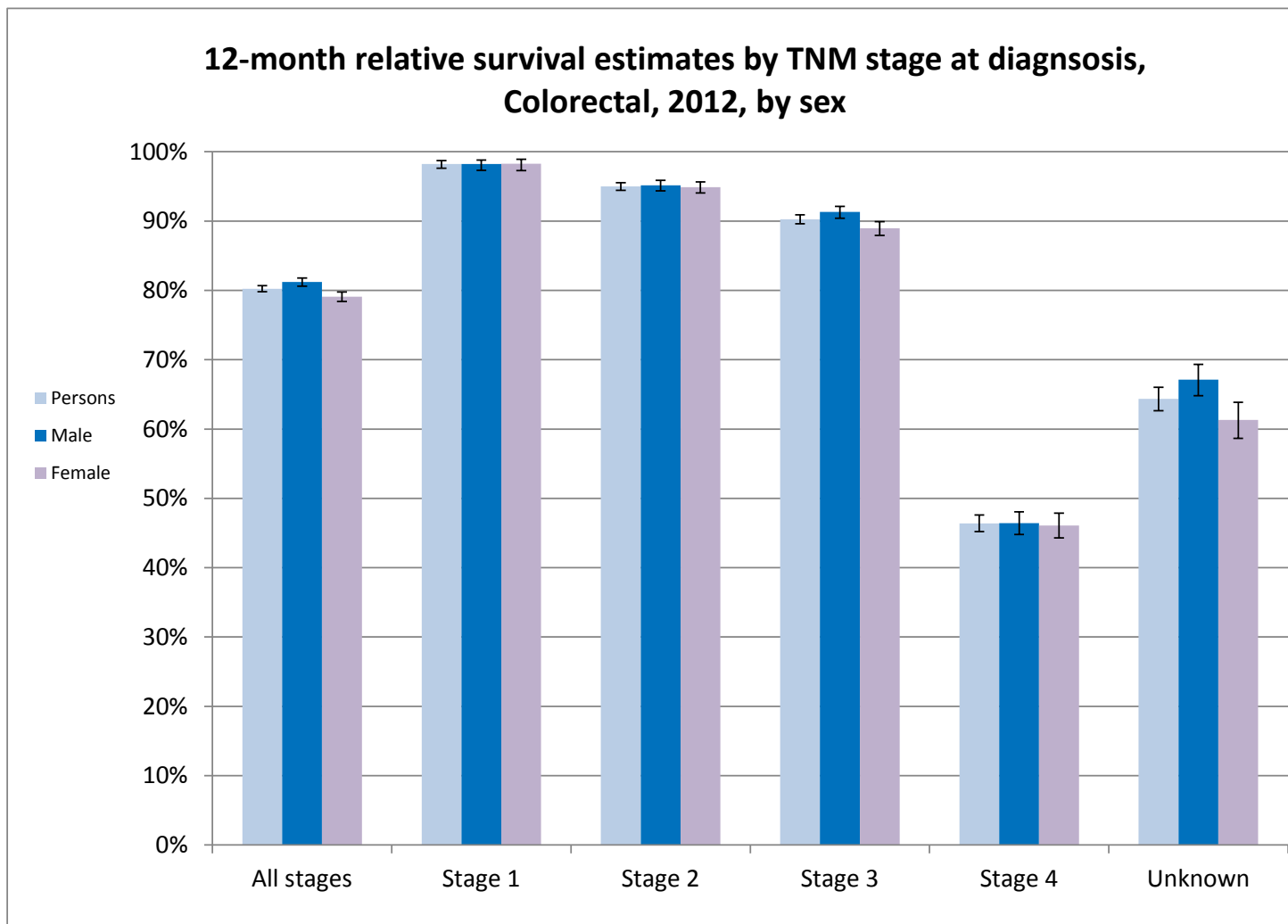
Clinical Headline Indicators

- A number of cancer metrics per Trust for England

- Currently being worked on by NCRAS

- The indicators will be made available in the CancerStats portal

- 'Generic' indicators, applicable to all or most cancer sites

- **Example:**

- To be followed by site-specific metrics

CHI generic indicators

Size (4.1)		
	4.1a	Diagnosed per year
Demographics (4.2)		
	4.2a	Aged 70+
	4.2b	In male patients
	4.2c	With recorded ethnicity
	4.2d	Which is in an ethnic minority group
	4.2e	With an index of multiple deprivation score of 5 (most deprived)
Casemix (4.3)		
	4.3a	With a performance status of 0-1 recorded
Process (4.4)		
	4.4a	Discussed at MDT
	4.4b	Having CNS contact recorded (codes Y1/Y2)
	4.4c	Presenting via GP referral (referral source 03)
	4.4d	Presenting via emergency referral (referral source 01, 04, 10)
Diagnostics (4.5)		
	4.5a	With a valid stage recorded
	4.5b	Having an early stage diagnosis
	4.5c	With a histological confirmed diagnosis (basis 5, 6 or 7)
Treatments (4.6)		
	4.6a	With a planned treatment intent recorded
	4.6b	With a planned treatment intent of curative
	4.6c	Entered in a clinical trial
Outcome (4.7)		
	4.7a	Died within a year of diagnosis

Cancer data sources and links

- **CancerStats and CancerData**

- **Fingertips Public Health Profiles tool**

- **Health Profiles**

- **Local Cancer Intelligence: statistics by Clinical Commissioning Group**

- **Routes to diagnosis of cancer**